	•	
effort possible to secure this information.	DISTRICT TOWN OR CITY OR CITY WALL TOWN OR CITY (if death occurred in a Hospital or Instit	Territorial Board of Health EAU OF VITAL STATISTICS 464 INAL CERTIFICATE OF DEATH TERRITORIAL INDEX NO. COUNTY REGISTERED NO. 22/ St. LOCAL REGISTRAR'S NO. Lution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS. SEX COLOR or RACE SINGLE White Indian MARRIED	MEDICAL CERTIFICATE OF DEATH DATE OF DEATH
ry effort po	DATE OF BIRTH	I hereby certify, that I attended deceased from Dec. 18
Make every be returned	AGE 5 mos 5 days hrs. gr. min.	on 1912 and that death occurred on the date stated above at M. The DISEASE or INJURY causing Death was as follows:
"unknown."	(a) Trude, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos days
word rrect	BIRTHPLACE (State or country)	Was disease contracted in Arizona?
obtained insert the Inco	O BIRTHPLACE OF ' FATHER ' C (State or country) MADEN NAME	CONTRIBUTORY (Description of the contribution
t be obtain	BIRTHPLACE OF MOTHER (State or country)	(Signed)
Hany item car	(Informant) (No south Coving NA)	LENGTH OF RESIDENCE At place of death yrs mos ds In Arizona yrs mos ds
If any i	PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL LUSCOTT GRAND LEG. 2, 19	Filed 12/19/ 1910 Clearing Jocal Registrar
1 ~	DORES ON ACUT RAYOUR	County Registrar.